



Agency for Health Care Administration  
Florida Medicaid

# Care Provider Background Screening Clearinghouse

## *Florida Medicaid User Registration Guide: Access to Background Screening through the AHCA SSO Web Portal*

*Updated February 2015*

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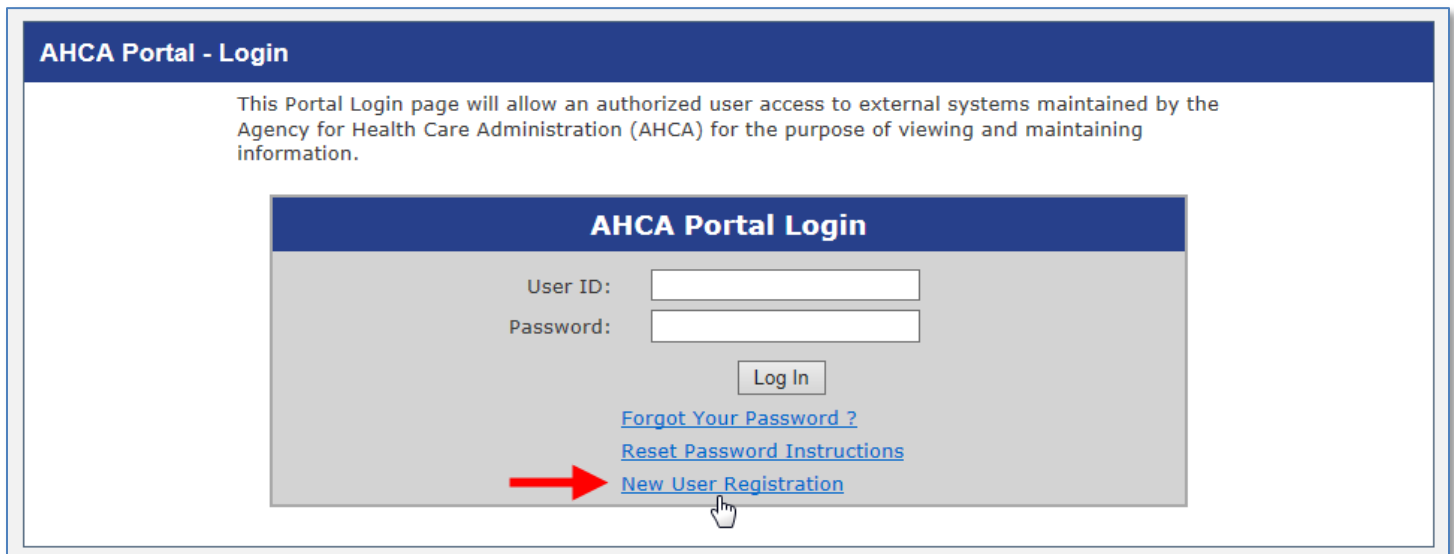
## Portal Registration Overview

The Care Provider Background Screening Clearinghouse (Clearinghouse) website is maintained by the Agency for Health Care Administration (AHCA) and available through the AHCA web portal (Portal). If you are not enrolled on the Portal, you will need to create a Portal account before requesting access to background screening and submitting a user agreement. The user agreement for new accounts must be received and approved by staff before accessing the site.

The link to the Portal is: <https://apps.ahca.myflorida.com/SingleSignOnPortal>. Once access is granted users may initiate a screening, search for screening results, connect to specified agency screenings, select a Livescan service provider and connect to the service provider's website to schedule appointments, and create and maintain an employee roster. Instructions for using the Clearinghouse results website can be found at [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/BGS\\_results.shtml](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml).

## Provider New User Registration

Select **New User Registration** from the Portal Login page (<https://apps.ahca.myflorida.com/SingleSignOnPortal>). If you have an existing account please skip to page 7 to request access as a Florida Medicaid provider.



**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User ID:

Password:

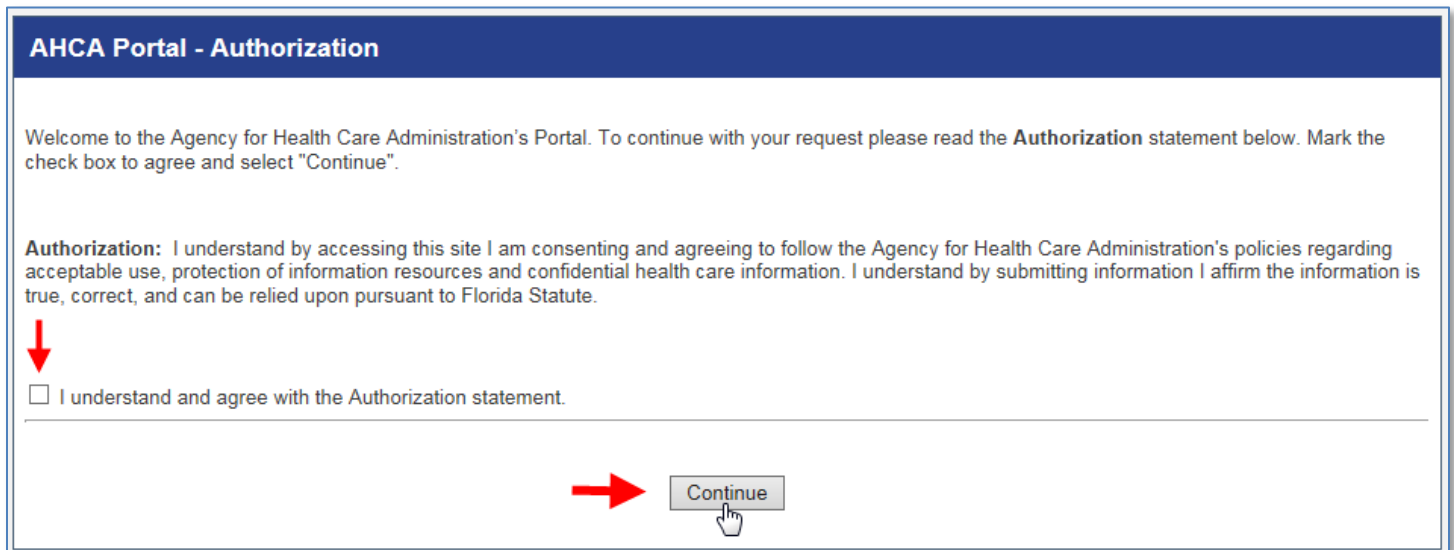
Log In

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

After reading the authorization statement check the confirmation box and select **continue**.



**AHCA Portal - Authorization**

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

**Authorization:** I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement.

Continue

Enter all required information as indicated by the red asterisk (\*) and select 'Register' to continue.

**IMPORTANT – Please note the following items:**

- Each user must create their individual account. There is NO LIMIT on the number of users per facility/provider.
  - User names and passwords **CANNOT** be shared with other users.
- Important notifications and background screening updates will be sent to the email address on file with the Portal. **Please ensure you enter a valid email address.**

**AHCA Portal - Account Registration**

**User Information**

\* First Name:  \* Last Name:   
Position Title:  \* Telephone Number:   
\* Email Address:   
\* Verify Email Address:   
Employer's Company Name:

**Address Information**

\* Address Line1:  Address Line2:   
\* City:  \* State:  \* Zip:

**Security Information**

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

\* User Name:   
\* Password:  (The password must be at least 7 characters and must contain at least one special character e.g., @, #)  
\* Enter Password Again:   
\* Security Question:   
\* Security Answer:

**Verification:** For protection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper case and spacing.

Type the text  reCAPTCHA™

Once your user account is successfully created, select 'Return to Login' to request access to the Clearinghouse results website.

**AHCA Portal - Account Registration**

User Account created successfully.

Enter the User ID and Password created in the previous steps. Select 'Log In'.


**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User ID:

Password:



[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

From the drop down list select '**Florida Medicaid**' under Background Screening Clearinghouse. Select '**Request Program Access**' to continue.

**Request Program Access**

Choose from the list of programs below and select "Request Program Access".

-- Select Program --

- Background Screening Clearinghouse
- Agency For Health Care Administration
- Vocational Rehabilitation
- Department of Elder Affairs
- Department of Juvenile Justice
- Florida Medicaid**
- Department of Children and Families
- Home Health Agency
- Home Health Quarterly Report
- Low Income Pool
- Low Income Pool System
- Online Licensure
- Online Licensure
- External Sharepoint
- External SharePoint Beta Application

## Add Provider

A role is necessary in order to obtain proper access. Select '**Medicaid Provider**' from the drop down list.

**Select Role/Provider Information**

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Medicaid Provider** - I have controlling interest in, or am a managing employee of, a provider seeking enrollment in Florida Medicaid.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide Type.

\* Role:

-- Select Role --  
Medicaid Provider

Select the '**Provider Type**' and '**Reason for Screening**'.

**Select Role/Provider Information**

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Medicaid Provider** - I have controlling interest in, or am a managing employee of, a provider seeking enrollment in Florida Medicaid.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide Type.

\* Role: Medicaid Provider

\* Provider Type: PHYSICIAN (M.D.)

\* Reason for Screening: -- Select Reason --  
I am a new applicant to Florida Medicaid  
I am an enrolled provider in Florida Medicaid

\* Medicaid Provider ID/ATN:

If you are a new applicant to Florida Medicaid enter your **Application Tracking Number (ATN)** and select '**Search**'. If you are a renewing applicant to Florida Medicaid, or seeking to update an existing provider, enter your **Medicaid Provider ID** and select '**Search Provider**'.

Review the provider information in the search result list. To add the provider to your request list select 'Add'. To remove the result and search for a different provider select 'Remove'.

**Background Screening Clearinghouse Program - Florida**  
**Medicaid - Request for Program Access**

User ID: Medicaid.Test  
Email: MedicaidScreening@ahca.myflorida.com

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**Select Role/Provider Information**

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Medicaid Provider** - I have controlling interest in, or am a managing employee of, a provider seeking enrollment in Florida Medicaid.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide Type.

\* Role:

\* Provider Type:

\* Reason for Screening:

\* Medicaid Provider ID/ATN:

**Search Result:**

Provider Name	City	Medicaid Provider ID/ATN	
Test Pharmacy Inc.	SARASOTA	123456	<a href="#">Add</a> <a href="#">Remove</a>

Review the requested Provider information to ensure you have selected the correct provider(s). If correct, select "Submit Request and Generate User Agreement". If not, click 'Delete' and search for a new provider.

**Background Screening Clearinghouse Program - Florida**  
**Medicaid - Request for Program Access**

User ID: Medicaid.Test  
Email: MedicaidScreening@ahca.myflorida.com

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**Select Role/Provider Information**

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Medicaid Provider** - I have controlling interest in, or am a managing employee of, a provider seeking enrollment in Florida Medicaid.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide Type.

\* Role:

\* Provider Type:

\* Reason for Screening:

\* Medicaid Provider ID/ATN:

**Requested Provider:**

Requested Provider:

Provider Name	City	Medicaid Provider ID/ATN
<a href="#">Delete</a> Test Pharmacy Inc.	SARASOTA	123456

If the requested Provider is correct, select "Submit Request and Generate User Agreement". If not, click [Delete](#) and search the appropriate Provider.



## Print User Registration Agreement

The User Registration Agreement will display in a viewing window. To open a printable copy of the agreement, please select the link in the upper right corner. Please print and sign the user registration agreement. Once you have printed the user registration agreement, select 'Return to Portal Landing' or 'Return to DCF Tasks Page' in the upper left corner.

**Background Screening (BGS)**  
**Medicaid Provider User Registration Agreement**

**Scan and E-Mail to:**  
[medicaidscreening@ahca.myflorida.com](mailto:medicaidscreening@ahca.myflorida.com)  
Subject Line: BGS Provider User Agreement

**User Information:**

User Name:	MEDICAID TEST	User ID:	Medicaid.Test
Employer Name:			
Address:	123, CITY, FL 33333		
E-Mail Address:	MedicaidScreening@ahca.myflorida.com	Phone Number:	(850) 555-5555

**Selected Provider:**

Medicaid ID/ATN:	123456		
Provider Name:	Test Pharmacy Inc.		
Address:	123 Lane, City, FL 33333		
Phone Number:	(850) 555-5555	Fax Number:	(850) 555-5555
Authorized Rep:		Provider Type:	PHARMACY

You may email the agreement to Medicaid Provider Enrollment for approval. Your request for access to the Clearinghouse results website will be in **Pending status until staff receives and processes your user registration agreement.**

**IMPORTANT – Please note that an email will be sent to the address on file once your request for access has been approved.**

**Background Screening Clearinghouse Program - Florida Medicaid**  
**- Access Page**

User ID: Medicaid.Test  
Email: MedicaidScreening@ahca.myflorida.com

Select Your Desired Task Below

- [Add Additional Providers](#)
- [Reprint User Registration Agreement](#)

**List of Providers**

Select providers from this list for reprinting specific user agreements. Selecting none will print all of them.

Provider Name	City	Status	Medicaid Provider ID/ATN
<input type="checkbox"/> Test Pharmacy Inc.	SARASOTA	Pending	123456

[Return to Portal Landing](#)

## Add Additional Providers

To add an additional provider after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select Background Screening Clearinghouse – **Florida Medicaid**.

**AHCA Portal - Portal Landing**

**Program Access**

Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Florida Medicaid](#) ←

Florida Medicaid

**Request Program Access**

Choose from the list of programs below and select "Request Program Access".

-- Select Program --      Request Program Access

**Manage Account**

[Edit User Information](#)

[Change Password](#)

[Update Security Question and Answer](#)

Logout

This will bring you to the Background Screening Clearinghouse Program – Florida Medicaid – **Access page**.

Select **Add Additional Providers** and follow the 'Add Provider' instructions in this document.

**Background Screening Clearinghouse Program - Florida Medicaid - Access Page**

**Select Your Desired Task Below**

[Add Additional Providers](#) ←

**List of Providers**

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.

If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

## Reprint User Registration Agreement

To reprint your user registration agreement after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select Background Screening Clearinghouse – **Florida Medicaid**.

**AHCA Portal - Portal Landing**

**Program Access**  
Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Florida Medicaid](#)  
Florida Medicaid

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".

-- Select Program --      Request Program Access

**Manage Account**

[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)

Logout

This will bring you to the Background Screening Clearinghouse Program – Florida Medicaid – **Access page**.

Check the boxes for the agreements you wish to reprint and then select '**Reprint Registration Agreement**' and follow the 'Print User Registration Agreement' instructions in this document.

**Background Screening Clearinghouse Program - Florida Medicaid - Access Page**

Select Your Desired Task Below

[Add Additional Providers](#)

**List of Providers**  
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.  
If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status	Medicaid Provider ID/ATN
<input type="checkbox"/> FLORIDA HEALTH CARE PLAN, INC.	HOLLY HILL	Pending	██████████

Return to Portal Landing

## Manage Your Account

From the Portal Landing you may complete the following:

- Edit your user information (i.e. email address, phone number)
  - **It is very important that you maintain an up to date email address so that you will be able to reset your password if necessary and receive important notifications about background screening changes**
- Change your password, and
- Update your security question and password
  - Successfully answering your security question will be necessary if you ever need to reset your password

**AHCA Portal - Portal Landing**

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**Program Access**

Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Florida Medicaid](#)  
Florida Medicaid

**Request Program Access**

Choose from the list of programs below and select "Request Program Access".

-- Select Program --

**Manage Account**

[Edit User Information](#)

[Change Password](#)

[Update Security Question and Answer](#)